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Bib Data Sheet

CONFIRMATION NO. 1588

|   |   |   |   |  |                                |
|---|---|---|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/057,385  | <b>FILING DATE</b><br>01/23/2002<br><b>RULE</b>   | <b>CLASS</b><br>709                                 | <b>GROUP ART UNIT</b><br>2152   | <b>ATTORNEY DOCKET NO.</b><br>2013P011 |                                |
| <b>APPLICANTS</b><br>Jae Wook Lee, Daejon, KOREA, REPUBLIC OF; <i>JWL</i>   |   |   |   |  |                                |
| <b>** CONTINUING DATA *****</b>   |   |   |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>REPUBLIC OF KOREA 01-77424 12/07/2001 <i>JWL</i>  |   |   |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 03/25/2002</b>  |   |   |   |  |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and <i>Allowances</i><br>Acknowledged <i>Examiner's Signature</i> <i>Initials</i> |   | <b>STATE OR COUNTRY</b><br>KOREA,<br>REPUBLIC<br>OF | <b>SHEETS DRAWING</b><br>11   | <b>TOTAL CLAIMS</b><br>9               | <b>INDEPENDENT CLAIMS</b><br>6 |
| <b>ADDRESS</b><br>08791   |   |   |   |  |                                |
| <b>TITLE</b><br>Apparatus for providing and transmitting information over network and method therefor   |   |   |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1272  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |